

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000002664

Entity Name: CAMBRIDGE EDUCATION LLC**Current Principal Place of Business:**111 WOOD AVENUE SOUTH
5TH FLOOR LEGAL DEPARTMENT
ISELIN, NJ 08830**Current Mailing Address:**111 WOOD AVENUE SOUTH
5TH FLOOR LEGAL DEPARTMENT
ISELIN, NJ 08830 US**FEI Number:** 20-3157028**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name DENICHILO, NICHOLAS M.
Address 111 WOOD AVENUE SOUTH
5TH FLOOR
City-State-Zip: ISELIN NJ 08830

Title MANAGER
Name GALBRAITH, IAN M
Address 111 WOOD AVENUE SOUTH
5TH FLOOR
City-State-Zip: ISELIN NJ 08830

Title MANAGER
Name WHITE, DAVID P.
Address 12647 ALCOSTA BLVD
SUITE 275
City-State-Zip: SAN RAMON CA 94583

Title ASST. SECRETARY
Name O'CONNOR, MARK G.
Address 111 WOOD AVENUE SOUTH
5TH FLOOR
City-State-Zip: ISELIN NJ 08830

Title MANAGER
Name HAIGH, MICHAEL
Address 111 WOOD AVENUE SOUTH
5TH FLOOR
City-State-Zip: ISELIN NJ 08830

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK G. O'CONNOR**ASSISTANT SECRETARY** 04/23/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date